

COURT USER REGISTRATION

Each user granted access to INSPECT holds a position of trust and must preserve the security and confidentiality of the INSPECT data he/she uses. INSPECT approved users must meet specific eligibility requirements and must abide by all applicable federal and State guidelines including, but limited to, IC-35-48-7 and The Health Insurance Portability and Accountability Act of 1996 (HIPAA). Misuse of INSPECT data constitutes a criminal offense and may result in the suspension/revocation of a registered account holders access privileges. Registered account holders wishing to reinstate their INSPECT account access privilege must formally petition the Indiana Board of Pharmacy.

PLEASE PRINT LEGIBLY

Requestor Name

Department/Program/Court

Job Title

Supervisor Signature (IF REQUIRED)*

* Required if requestor is not a chief probation officer, court A/D program director or problem-solving court coordinator

Please select your occupation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chief Probation Officer | <input type="checkbox"/> Court A/D Program Director | <input type="checkbox"/> Problem-Solving Court Coordinator |
| <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Court A/D Staff | <input type="checkbox"/> Problem-Solving Court Staff |

Department/Program/Court Address

City: _____ State: _____ Zip: _____

Telephone (including area code): _____ Cell/Other Number (including area code): _____

Fax Number (including area code): _____

Email Address (Provide a secure personal email address for the registering individual) **REQUIRED

Residence Address

City: _____ State: _____ Zip: _____

FOR DEPARTMENT USE ONLY

☐ Date Received

Approved ☐
Disapproved ☐

Staff Signature

Date of Action

Indiana Judicial Center Approved ☐

Date of Approval